

Classroom Teacher Survey
-Sample Elementary School-

To help in planning for next year's Title I program, please complete this short survey. Your feedback will allow us to make modifications that will better serve students. Please circle your response.

1. I receive information about my student's(s') progress from the Title I teacher.

1	2	3	4
rarely	sometimes	regularly	always

2. The students most in need of assistance are selected to be in the Title I program.

1	2	3	4
rarely	sometimes	regularly	always

3. My students feel better about themselves and their reading because of assistance from the Title I teacher.

1	2	3	4
rarely	sometimes	regularly	always

4. The Title I teacher has been available when I need to talk to her.

1	2	3	4
rarely	sometimes	regularly	always

5. The Title I teacher and I work together so that Title I instruction complements and/or extends classroom reading instruction.

1	2	3	4
rarely	sometimes	regularly	always

6. The Title I students in my class have shown improved reading achievement.

No	Yes
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7. I have read and understand the District's Title I Parent-School Compact.

No	Yes
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8. I have read and understand the District's Parent Involvement Policy.

No	Yes
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Make any comments or suggestions for the Title I program on the back of this sheet.